

**PROSECUTION DIVERSION AGREEMENT**  
(Precharge/Pretrial as defined in IMM Chapter II part D Section 6.5.0)

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

Last Name	First Name	Middle Initial
Social Security Number	Case Number	

I, \_\_\_\_\_, agree to repay the following amount of Public Assistance Funds

\$ \_\_\_\_\_. I received this Public Assistance from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

**I agree to the following:**

1. I agree to repay these funds instead of being prosecuted by the District Attorney/Prosecutor of \_\_\_\_\_, Wisconsin for Public Assistance Fraud.
2. By signing this agreement, I admit that I committed public assistance fraud in violation of Section 49.127 or 49.95 of the Wisconsin Statutes and that I willfully caused an overpayment of public assistance benefits to be made to me.
3. I understand I am admitting to committing public assistance fraud only for the purposes of this agreement.
4. I understand that my signature on this agreement cannot be used against me in court, should I violate conditions of this agreement.
5. By signing this agreement the \_\_\_\_\_ agency and the District Attorney/Prosecutor of \_\_\_\_\_ County/Tribe are not giving up their right to initiate criminal prosecution of me if I violate the conditions of this agreement.
6. By signing this agreement, I agree that I have been informed and understand the Wisconsin Works (W-2) and Food Stamp Intentional Program Violation penalties and my right to a disqualification hearing. I waive my right to have a disqualification hearing and accept the disqualification penalty for this Intentional Program Violation according to federal and state regulations.
7. I further agree that instead of prosecution for public assistance fraud under Section 49.127 or 49.95, I will repay the amount of \$\_\_\_\_\_ at the rate of \$\_\_\_\_\_ per month for \_\_\_\_\_ months. I agree that if I miss one payment the W-2, county or tribal human/social services agency or the District Attorney/Prosecutor or both may proceed with a charge(s) of public assistance fraud. I give up any right(s) I have, to be speedily charged with commission of a crime(s).

Participant's Signature	Date Agreement Signed
Participant's Attorney's Signature	District Attorney's Signature
Fraud Investigator, Rep. of W-2/County Agency's Signature	Judge's Signature (if applicable, i.e. court order, pretrial)
Subscribed and sworn to before me this _____ day of _____, 19____.	
State of Wisconsin Notary Public's Signature	My commission expires on _____.

After Signatures Distribute Copies to: White-Case Record Yellow-Participant Pink-County Fraud Investigator